

## Women of Color, the Health Care System, and the Pregnancy Experience: A Key Insights Series from USofCare's Listening Work on Maternal Health

## Part 3: Lack of Postpartum Support

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Overview: At United States of Care (USofC), we start our work toward building a better health care system by listening to people first. Using this people first approach, we arrived at our <u>United Solutions for Care</u> which are four goals and 12 solutions to improve the health care system based on what we heard over multiple years from people all across the country. Included in those 12 solutions was a call for better maternal and newborn care and increasing coverage for all of the ways people want to give birth like doula services, birthing centers, and home births.

Our health care system has failed maternal health severely. The racial disparity is especially stark: the mortality for Black women is <u>nearly three times</u> that of white women and calls into question why?

As we continue to deepen our listening work in this area our findings have revealed three overarching themes that are consistent, and in some cases go deeper into what others are hearing on this issue:

- 1) Differential treatment, dismissal and racism during the pregnancy journey
- 2) Knowledge and experiences with midwives and doulas
- 3) Lack of postpartum support

The third of this three part series highlights what we've been hearing from women about having a baby within a health care system that does not provide enough support or guidance for pregnant and postpartum women.



How we are listening: In September of 2022, we held a few focus groups in rural communities surrounding Orangeburg, South Carolina where we inquired about experiences with maternal health and the health care system to include the use of doulas and midwives. In January and February of 2023, USofC did a deeper dive in partnership with Wonder Strategies for Good, to conduct a series of in-depth interviews with 20 Black, Hispanic, and Asian women across the United States to better understand their birthing experiences within the U.S. health care system. All of the women of color we spoke with came from a variety of geographies, ages, incomes, and education levels, and had various types of insurance during their pregnancy journeys that were shared with us.<sup>3</sup>

Citations for this report: Women of Color, the Health Care System, and the Pregnancy Experience: A Key Insights Series from USofCare's Listening Work on Maternal Health: Part III. Washington, DC. United States of Care in partnership with Wonder Strategies for Good and the Tri-County Network of South Carolina, June 2023.

## What we are hearing:

- ★ Women experienced a significant drop in care and support after giving birth and during the postpartum period.
  - Once I gave birth to my daughter, I didn't have any support. I literally had one appointment after I had her and that was 6 weeks after I gave birth to her...After that, I didn't really have any sort of support coming from being pregnant where you have an appointment once a month, every two weeks, and they are constantly checking on your blood pressure, how you are feeling, and ultrasounds. It literally just stopped after I had her.
    - Hispanic woman, Southwest
  - 66 My daughter was losing a baby and she went to Orangeburg. He [the doctor] said he wanted the baby to pass. She was like he [the baby] wasn't able to pass and she's going through all this pain. And he came in and he said, 'Okay, that's it. I let God handle it this far. And God hasn't done anything. So now it's my turn.
    - Black woman, rural South Carolina
- ★ Women understood pregnancy and postpartum support to primarily be help and guidance provided by family and friends rather than professional health care providers.
  - 66 My family was a big support. My mom [and] my sisters were a big support. Even my neighbor was a big support throughout my pregnancy. They checked in on me.
    - Black woman, Northeast
- ★ Women identified a number of barriers to getting the care and support they needed, such as race, income, insurance coverage, geographic location, and transportation, but ultimately services to address their needs seemed out of reach because they could not afford them.
  - I do say it is possible [to get the support and resources], probably for the right monies like if I had better insurance or better money to pay for these things. But me being a black woman, I don't really have the top tier insurance. I am going to get what I get, nothing special or extra.
    - Black woman, West
  - Money comes to mind...because a lot of times, to get good [coverage], you've got to pay the money for it. Then even after you pay the money, it is the copays and deductibles and all these other things that go along with it
    - Black woman, Northeast

We are continuing to listen and partner to develop solutions to the challenges we are hearing from women of color and their birthing experiences related to racism, connections to services such as doulas and midwives, and the growing call for more postpartum support to improve the health and well being of women and birthing people of color across the country.

<sup>&</sup>lt;sup>1</sup> These findings capture the perspectives of the women interviewed and may not be generalizable to the overall pregnant and birthing population.

 $<sup>^{\</sup>rm 2}$  Individuals all self-identified as mothers and women.

<sup>&</sup>lt;sup>3</sup> All of the women interviewed were pregnant within the last three years, meaning that their responses sometimes included pregnancy and birth experiences within the context of the COVID-19 pandemic.